

FACILITY NAME: Lunenburg County Administrative Complex

VPDES PERMIT NUMBER: VA0091391

VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?
☐ Yes ☐ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?
☐ Yes ☐ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☒ Yes ☐ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

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All applicants must complete this section.

- a. Facility name: Lunenburg County Administrative Complex
- b. Contact person: Mrs. Catherine M. Giorgetti
Title: County Administrator
Phone: (434) 696-2143
- c. Mailing address:
Street or P.O. Box: 11413 Courthouse Road
City or Town: Lunenburg State: VA Zip: 23952
- d. Facility location:
Street or Route #: 11413 Courthouse Road
County: Lunenburg County
City or Town: Lunenburg State: VA Zip: 23952
- e. Is this facility a Class I sludge management facility? Yes ☒ No
- f. Facility design flow rate: 0.003 mgd
- g. Total population served: Less than 100
- h. Indicate the type of facility:
☒ Publicly owned treatment works (POTW)
☐ Privately owned treatment works
☐ Federally owned treatment works
☐ Blending or treatment operation
☐ Surface disposal site
☐ Other (describe): _____

- a. Applicant name: _____
- b. Mailing address:
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- c. Contact person: _____
Title: _____
Phone: (_____) _____
- d. Is the applicant the owner or operator (or both) of this facility?
☒ owner ☒ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?
☒ facility ☐ applicant

- a. Facility's VPDES permit number (if applicable): VA0091391
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:
- | Permit Number: | Type of Permit: |
|----------------|-----------------|
| <u>N/A</u> | <u></u> |
| <u>N/A</u> | <u></u> |

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4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country? Yes ✓ No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:

- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
- Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.

6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.

7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor? ✓ Yes No

If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: Redmonds Septic Tank Cleaners c/o: Floyd Redmond

Mailing address:

Street or P.O. Box: 3929 Old King Highway

City or Town: Keysville State: VA Zip: 23947

Phone: (434) 736-9666

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:
#119011H08

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

| POLLUTANT | CONCENTRATION (mg/kg dry weight) | SAMPLE DATE | ANALYTICAL METHOD | DETECTION LEVEL FOR ANALYSIS |
|------------|--|----------------|----------------------|---------------------------------|
| Arsenic | **SEE PAGE 18 OF VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM | | | |
| Cadmium | | | | |
| Chromium | | | | |
| Copper | | | | |
| Lead | | | | |
| Mercury | | | | |
| Molybdenum | | | | |
| Nickel | | | | |
| Selenium | | | | |
| Zinc | | | | |

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9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

☒ Section A (General Information)

☒ Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

☐ Section C (Land Application of Bulk Sewage Sludge)

☐ Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title Mrs. Catherine M. Giorgetti

Signature Catherine Giorgetti

Date Signed

9/3/08

Telephone number (434) 696-2143

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

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**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

Complete this section if your facility generates sewage sludge or derives a material from sewage sludge

1. Amount Generated On Site.

Total dry metric tons per 365-day period generated at your facility: 0.0001 dry metric tons See attached

2. Amount Received from Off Site. If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

- a. Facility name: N/A
- b. Contact Person: _____
Title: _____
Phone: (_____) _____
- c. Mailing address: _____
Street or P.O. Box: _____
City or Town: _____ State: _____ Zip: _____
- d. Facility location: _____
(not P.O. Box) _____
- e. Total dry metric tons per 365-day period received from this facility: _____ dry metric tons
- f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

3. Treatment Provided at Your Facility.

- a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?
 Class A Class B ☒ Neither or unknown
- b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Sludge is pumped when septic tanks are pumped.

- c. Which vector attraction reduction option is met for the sewage sludge at your facility?
 Option 1 (Minimum 38 percent reduction in volatile solids)
 Option 2 (Anaerobic process, with bench-scale demonstration)
 Option 3 (Aerobic process, with bench-scale demonstration)
 Option 4 (Specific oxygen uptake rate for aerobically digested sludge)
 Option 5 (Aerobic processes plus raised temperature)
 Option 6 (Raise pH to 12 and retain at 11.5)
 Option 7 (75 percent solids with no unstabilized solids)
 Option 8 (90 percent solids with unstabilized solids)
☒ None or unknown
- d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: _____

- e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: _____

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VPDES PERMIT NUMBER: VA0091391**4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).***(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:
 Unknown dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?
 ____ Yes ☒ No

5. Sale or Give-Away in a Bag or Other Container for Application to the Land.*(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: _____ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

6. Shipment Off Site for Treatment or Blending.*(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)*

- a. Receiving facility name: _____
- b. Facility contact: _____
 Title: _____
 Phone: (_____) _____
- c. Mailing address:
 Street or P.O. Box: _____
 City or Town: _____ State: _____ Zip: _____
- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:
 _____ dry metric tons
- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:
 Permit Number: _____ Type of Permit: _____

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?
 ____ Yes ____ No
 Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?
 ____ Class A ____ Class B ____ Neither or unknown
 Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: _____

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? ____ Yes ____ No
 Which vector attraction reduction option is met for the sewage sludge at the receiving facility?
 ____ Option 1 (Minimum 38 percent reduction in volatile solids)

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data.

- b. Has a ground water monitoring program been prepared for this active sewage sludge unit?
 Yes No If "Yes", submit a copy of the ground water monitoring program with this application.
- c. Have you obtained a certification from a qualified ground water scientist that the aquifer below the active sewage sludge unit has not been contaminated? Yes No
If "Yes", submit a copy of the certification with this application.

5. Site-Specific Limits.

Are you seeking site-specific pollutant limits for the sewage sludge placed on the active sewage sludge unit?
 Yes No If "Yes", submit information to support the request for site-specific pollutant limits with this application.

SLUDGE MANAGEMENT PLAN

Lunenburg County Administrative Complex

Sludge will be handled by licensed sewage handlers. Sludge will be pumped from the septic tanks and the MicroFast treatment unit every five years, at a minimum. Tanks will be inspected annually to determine if a more frequent schedule is required.

The licensed sewage handler that pumps the tanks will be responsible for the safe transportation and disposal of the sewage sludge in accordance with state and local regulations in a facility permitted to accept sewage sludge. All sludge will be transported in approved trucks that meet the state health department's Sewage Handling and Disposal regulations.

The Lunenburg County Administrative Complex will not engage in any sewage sludge disposal activity outside of calling a licensed disposal contractor.